

## **Program A: Group Benefits**

Unless otherwise indicated, all objectives are to be accomplished during or by the end of FY 2003-2004. Objectives may be key or supporting level. The level of the objective appears after the objective number and before the objective text.

Performance indicators are made up of two parts: name and value. The indicator name describes what is being measured. The indicator value is the numeric value or level achieved within a given measurement period. For budgeting purposes, performance indicators are shown for the prior fiscal year, the current fiscal year, and alternative funding scenarios (continuation budget level and Executive Budget recommendation level) for the ensuing fiscal year of the budget document. Performance indicators may be key, supporting, or general performance information level. Key level is indicated by a "K" in the "Level" column of the standard performance indicator table. Supporting level is indicated by an "S" in the "Level" column of the standard performance indicator table. General Performance Information indicators appear in tables labeled as General Performance Information.

DEPARTMENT ID: 21 - Ancillary Appropriations  
 AGENCY ID: Office of Group Benefits  
 PROGRAM ID: Group Benfits

1. (KEY) To pay health claims within an average of 19.89 days.

Strategic Link: This operational objective is not linked to State Employee Group Benefit Program (SEGBP) current strategic plan.

Louisiana: *Vision 2020* Link: Not applicable

Children's Cabinet Link: Not applicable

Other Link(s): Not applicable

Explanatory Note:

LaPAS PI CODE	L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
			YEAREND PERFORMANCE STANDARD FY 2001-2002	ACTUAL YEAREND PERFORMANCE FY 2001-2002	PERFORMANCE STANDARD AS INITIALLY APPROPRIATED FY 2002-2003	EXISTING PERFORMANCE STANDARD FY 2002-2003	PERFORMANCE AT CONTINUATION BUDGET LEVEL FY 2003-2004	PERFORMANCE AT EXECUTIVE BUDGET LEVEL FY 2003-2004
5911	K	Average turnaround time for health claim payments (in days)	19.89	5.99	19.89	19.89	10 <sup>1</sup>	10 <sup>1</sup>
5912	K	Number of group health and accident claims processed	3,600,000	5,851,377	3,600,000	3,600,000	6,000,000 <sup>2</sup>	6,000,000 <sup>2</sup>
5913	K	Amount of health and accident claims payments (in millions)	\$316.9	\$405.4	\$316.9	\$316.9	575 <sup>3</sup>	575 <sup>3</sup>
5914	S	Number of HMO members	27,000	31,162	27,000	27,000	31,500	31,500
5915	S	Number of indemnity plan members	98,000	95,812	98,000	98,000	96,000	96,000

<sup>1</sup> Increased usage of electronic filing by providers has reduced the turnaround time between receipt of claims and processing.

<sup>2</sup> This indicator is contingent upon the volume of claims submitted by members and the accuracy of the claims. Implementation of the Impact System caused a delay in claims processing during the first quarter. Targets were set based upon actual performance during FY 01-02.

<sup>3</sup> This indicator is contingent upon the number and the accuracy of claims received. Implementation of the Impact System caused a delay in claims payments during the first quarter. Targets were set based upon actual performance during FY 01-02.